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BIBDATASHEET

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Bib Data Sheet

SERIAL NUMBER 09/704,967	FILING DATE 11/01/2000 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 19744P-000180
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APPLICANTS

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OK mhh.

** CONTINUING DATA *****

This application is a CON of 09/640,499 08/16/2000 PAT 6,508,782
 which is a CON of 09/504,162 02/15/2000 PAT 6,547,754
 which is a CON of 09/005,217 01/09/1998 PAT 6,287,271
 which is a CIP of 08/483,071 06/07/1995 PAT 5,713,848
 which is a CIP of 08/320,184 10/07/1994 PAT 5,498,236
 which is a CON of 08/065,470 05/19/1993 PAT 5,380,273
 which is a CON of 07/885,665 05/19/1992 ABN

OK mhh.

** FOREIGN APPLICATIONS *****

NONE mhh.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/13/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	CA	9	5	12

ADDRESS

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TITLE

Thrombolysis device

☐ All Fees☐ 1.16 Fees (Filing)

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit